



**AGENCY OF HUMAN SERVICES**  
**Division of Licensing and Protection**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 22, 2019

Jayne Placey, Manager  
Hill Street  
201 Hill Street  
Barre, VT 05641-3920

Dear Ms. Placey:

Thank you for the cooperation you gave our surveyor during the **March 6, 2019** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota".

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILL STREET</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 HILL STREET BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced, on-site re-licensing survey was conducted by the Division of Licensing and Protection on 3/6/2019. No regulatory violations were identified at this time and the Residential Care Home is found to be in substantial compliance with state regulations.	R100			

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE